

## ASSISTANT LANGUAGE TEACHER - APPLICATION FORM -- Please Type

Please enter all information in the space provided.

1. Full Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M / F   
Place of Birth: \_\_\_\_\_
3. Marital status:  Single / Engaged / Married
4. Present occupation (in detail), or institution where presently enrolled: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_
5. Permanent address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_
6. Temporary address (If applicable): \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Indicate dates when temporary address is applicable: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
7. Higher education institutions attended  
(Name and Location of Institution, Dates Attended, Specialization, Degree/Diploma):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please provide a certified record of all courses taken at your college/university, and if applicable, from post-graduate school as well as any relevant certification earned.
9. Teaching background (Institution, Course and Contents, Dates):  
a. Training in TEFL / TESL \_\_\_\_\_  
b. Training / Experience in teaching other subjects \_\_\_\_\_
10. Teaching certificates:  Yes / No   
Type: \_\_\_\_\_ Date earned: \_\_\_\_\_
11. Proposed direction of current or future profession and its relationship to this program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Please list your honors earned, memberships, interests, and hobbies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Japan-related experience:

	Institution & Course	Date(s)	Grade(s)
Study of Japanese History, Culture, etc.			
Study of Japanese Language			
A) Formal			
B) Informal			
Self-evaluation of Japanese language proficiency (Please circle the most appropriate word).	Reading: Good Fair Poor None	Writing: Good Fair Poor None	Speaking: Good Fair Poor None
	Aural Comprehension: Good Fair Poor None		

14. Present or most recent occupational experience  
(Name and location of employer, position or description, dates):

a) Full Time: \_\_\_\_\_

b) Temporary / Part Time: \_\_\_\_\_

15. Overseas experience (three or more months)  
(Country & City, Purpose of Residency, Dates):

\_\_\_\_\_  
\_\_\_\_\_

16. Emergency Contacts (List the names, addresses, telephone numbers, and relationships of two people who should be contacted in case of emergency):

Name: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

17. Please fill out the attached *Self-Assessment Medical Report*.

If you suffer, or have ever suffered, from any serious physical or mental illness, please attach an explanation and/or physician's report.

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge. Further, if I am selected as an Assistant Language Teacher, I agree to abide by Japanese laws and regulations and the regulations of the host institution and carry out my duties to the best of my ability, as well as not to engage in any other activities except those allowed on my entrance to Japan.

I understand that during my stay in Japan I must not participate in any political activities nor do anything to disturb the public peace.

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT'S SELF-ASSESSMENT MEDICAL REPORT

- Please Type -

**To the Applicant:** Please fill out the reference data below and return it with your application. Your application can not be processed without this form. Successful applicants are required to submit a separate medical report from their physician.

1. Full Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Blood Type: \_\_\_\_\_
3. When and for what reason did you last consult a physician?
4. What diseases, ailments, or injuries have you had in the past 5 years?
5. Have you been hospitalized in the past 2 years? Why?
6. Have you ever been treated by a psychiatrist or psychologist for any mental, emotional, or nervous disorder?  
\_\_\_\_\_ Yes (Explain on a separate sheet)  
\_\_\_\_\_ No  
If yes, permission is requested for a confidential report from the psychiatrist or therapist.
7. What allergies do you have, if any?  
Are you currently being treated?
8. If you are currently on any prescription medication, please give details:
9. Are you on a restricted diet?  
If so, please give details.

The answers I have given are correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement (Essay):**

Include an essay (not more than two pages, typewritten, and double-spaced with margins) which expresses your reasons for wishing to participate in this program. Please include in what ways you feel your particular skills, experience, and personal qualities will be useful to your position, as well as what you hope to gain from this experience. In addition, please provide details of any teaching or overseas experiences which you have had.

#### References:

Each applicant should arrange for a confidential written reference from his or her college professor or current employer, which addresses the applicant's personal and professional suitability for this program. Send it to the Chiba Prefectural Public Instruction Agency with the other application materials, as soon as possible.

Please give below the name of this reference, together with the name of another academic reference who has known you well for at least three years and whom you are asking for a further reference.

- |                            |                            |
|----------------------------|----------------------------|
| 1. Name: _____             | 2. Name: _____             |
| Title of Occupation: _____ | Title of Occupation: _____ |
| Address: _____             | Address: _____             |
| _____                      | _____                      |
| Telephone: _____           | Telephone: _____           |

**NOTE:** The success of an application may be prejudiced where a reference is lacking.

### Completing Your Application Forms:

A completed application will comprise the following documents:

1. Completed application form (1 original, 1 copy)
  2. Completed statement/essay sheet (1 original, 1 copy)
  3. Sealed letters of reference from two referees
  4. Completed applicant's self-assessment medical report (1 original, 1 copy)
  5. Certified record/transcript of all university/polytechnic courses (1 original, 1 copy)
- OR:**
- 1 letter from the university/polytechnic authorities certifying your graduation (1 original, 1 copy)
  6. Three photographs (4.5 cm x 3.5 cm-passport style)

**Application materials must be received in Japan via mail by February 9, 2006**

**Send to:**

Chiba-Wisconsin Sister Schools Program  
Advisory Division  
Chiba Prefectural Agency of Public Instruction  
1-1 Ichiba-cho Chuo-ku  
Chiba-ken JAPAN 260-8662  
TEL: 011-81-43-223-4064  
FAX: 011-81-43-221-6580

In addition to the self-assessment medical report, successful applicants will be required to submit an official medical report signed by a licensed practicing physician.

**NO DOCUMENTS SUBMITTED CAN BE RETURNED**